

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12^{TH} , SUITE 1A

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



towa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be stated with 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only	
Indexed	
Audited	
Checked	
Computer	

-							
DEP	ARTMENT	OR OFFICE	RECEIVING	THE GIFT.	BEQUEST.	OR	GRANT

Name of Department or Office		
PO Box 218	Newton, IA 50208	
Mailing Address 641-792-7552 x411	City, State, Zip Code	_
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OF	R OFFICE:	 -
Terry Mapes		
Name		_
PO Box 218	Newton, IA 50208	
Mailing Address (if different from above)	City, State, Zip (if different from above)	_
terry.mapes@iowa.gov	641-792-7552 x 411	
Email Address	Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Richard W. Machin Name				
6133 E. 36th St. N.	Newton, IA 50208			
Mailing Address	City, State, Zip Code	6-4-08	\$ 800.00	
641-792-7866		Date of Gift, Bequest, or Grant	Amount/Value*	
Area Code & Telephone Number		*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Email Addres s (optional)		Toolston graphical and a compact of the compact of	- Value mark 0.00 .	

Provide a description of the gift, bequest, or grant and purpose thereof:

Field cultivator, 18' with removable wings. NCF will remove wings and pull behind tractor to till garden.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _______affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

6-12-08 Date

Signature